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ABSTRACT

This program provides information to students about human sexual biology, behavior and attitudes. The primary intent of the workshops described is to provide fuller information and opportunity for self awareness to encourage participants to be more responsible as sexual beings, and to restructure their attitudes. The program presents the information sensitively in an atmosphere of openness, casual comfort and sincere inquiry. There are five workshops, each lasting three hours: (1) Attitude and Anatomy Awareness; (2) Sex Roles and Stereotypes; (3) Health Issues; (4) Human Sexual Response; (5) Wrap-up and Evaluation. Audio-visual materials are not included. (PFS)

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CLAREMONT COLLEGES COUNSELING CENTER

HUMAN SEXUALITY WORKSHOP OUTLINE

5 Sessions -- 3 Hours Each -- (Pre-test=Sex Knowledge & Attitudes)

I. Male & Female Anatomy - Sexual Attitudes

1. Introduction
2. Fantasy-Recall past influences & messages (and discussion)
3. Language Desensitization Exercise (and discussion)
4. Experience and Attitudes checklist
5. Slides: Genesis
6. Anatomy Quiz
7. Illustrated Anatomy Presentation (and discussion)

II. Sex Roles and Stereotypes

1. Introduction
2. Role Stereotypes & Expectations Exercise (and discussion)
3. Role Behavior Reversal (and discussion)
4. Sexual Role Reversal (fantasy and discussion)
5. Persistence-Resistance Exercise (and discussion)

III. Health Issues

1. Introduction
2. Masturbation (slides and discussion)
3. Contraception (film, exhibit, discussion)
4. Abortion (slides and discussion)
5. Venereal Infection (slides)
6. Pelvic Exam (slides)
7. Pregnancy and Childbirth (film and discussion)

IV. Human Sexual Response

1. Introduction
2. Sensuality Exercise (and discussion)
3. First Sexual Experience Tapes (and discussion)
4. Sexual Response Presentation (slides and discussion)
5. Homosexuality (2 films, 2 role plays, gay representatives, discussion)

V. Wrap-Up and Feedback (wine - bread - cheese)

1. Introduction
2. Sex Knowledge and Attitude Test (post)
3. Sexual dysfunctions (lecturette and discussion)
4. Overview of Workshop and Evaluation sheets
5. Sexual Values Clarification (optional)
6. Sexual Game Identification (optional)
7. Styles of Loving Discussion (optional)

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HUMAN SEXUALITY EDUCATION PROGRAM

The Counseling Center
The Claremont Colleges

This program is designed to provide information to students about human sexual biology, behavior and attitudes. Some students lack basic information and/or experience about sex. Campus sex is sometimes experimental, frustrating, guilt-ridden, misinformed, premature, frightening, manipulative or obsessive. This behavior is not limited to students, but because of college lifestyles, inexperience and academic pressures, the sex life of students tends to have its own characteristics and problems.

The primary intent of these workshops is not to impose or advocate any particular value system, religious views, or sexual techniques. Rather, our purpose is to provide fuller information and opportunity for self awareness to allow participants to have more responsibility as sexual beings and restructure their attitudes if they wish.

The attempt is made to present objective information about sex in a manner that is neither threatening nor shocking, but rather sensitive to the individual's past experience or lack of it, and his/her personal feelings of modesty. The atmosphere should be one of openness, casual comfort, sincere inquiry.

The design of the program is available with a material description and rationale for each of the presentations or exercises. Our guidelines have been to present information objectively and sensitively, actively involving the participants in various exercises, using carefully selected audio visual materials when feasible, and using humor to ease tension and embarrassment. The program takes into account the feedback of participants and has changed accordingly.

Each exercise is presented with an appropriate introduction or explanation and concluded with a feedback discussion period. The leaders of the workshop, both students and professionals, have been chosen to present both a male and female point of view. Appropriate handouts to take home are provided in each session with some explanation of the contents.

The workshops are divided into five sessions, each session lasting three hours. They begin with low-threat basic information presentations and move on to more sensitive areas. These are the four sessions

- I. Attitude and Anatomy Awareness
- II. Sex Roles and Stereotypes
- III. Health Issues
- IV. Human Sexual Response
- V. Wrap-Up and Evaluation

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Session I
Human Sexuality Workshop
Topic: Attitude and Anatomy Awareness

I. Objectives:

- A. To clarify terminology
- B. To desensitize participants to emotionally charged words
- C. To give psychological permission to talk about sex with openness
- D. To inculcate workshop confidentiality
- E. To develop a non-judgmental approach to sexual behavior
- F. To provide leaders with information about sexual experience of group as a whole
- G. To degrimimize atmosphere with humor
- H. To become aware of influence of parents and peers in attitudes
- I. To have participants become aware of need for anatomical knowledge
- J. To clarify misconceptions and convey biological and anatomical information

II. Implement Procedures

- A. Language desensitization exercise
- B. Introductory explanation and agreement on confidentiality and need for trust
- C. A checklist is taken indicating individual's range of experience
- D. Humorous slide presentation; "Genesis"
- E. Fantasy exercise (and collage construction) depicting past messages
- F. Brief anatomy quiz
- G. Illustrated anatomy presentation

HUMAN SEXUALITY WORKSHOP

SESSION I

A. Introduction: (music on as people gather; Nutcracker Suite) 30 min. 7-7:30

1. Leaders introduce themselves
2. Participants introduce each other (dyads - 2 most significant or characteristic things about you)
3. Overview of workshop agenda
 - a. Rationale: much we know -- some we don't
conspiracy of silence
4. Confidentiality:
 - a. need for on small campus
 - b. freedom to experience own sexuality
 - c. respect where other people are
 - d. need for non-judgmental attitude
 - e. each person unique -- also sexuality
5. Sharing: Sexuality is too broad and complicated for anyone to have all the answers - even trained professionals

important to share our own views and opinions

not an encounter group
6. General rules
 - a. be on time
 - b. no smoking

B. Awareness of Present Sex Attitudes 15 min. 7:30 - 7:45

1. Relaxation exercise
2. Awareness of influence and messages: family-relatives, street-peers; school, magazines, movies, good/bad, wholesome/dirty, confusing/enlightening, frightening/enjoyable
 - a. What feelings do you recall about being a boy or girl?
 - b. How did you feel toward children of the opposite sex?
 - c. Did parents or others expect different things of you than your brothers or sisters?
 - d. What were your family patterns in regard to talking about sex -- nudity -- physical expression of affection?
 - e. What memories do you have of sex play as a child?
 - f. What were your feelings about it? Your parents?
 - g. When did you first become aware of your parent's sexuality? Your feelings about it?
 - h. What did you learn about sex from peers of the same sex? Opposite sex? Feelings about it?
 - i. What memories do you have of exploration or experimentation with the same sex in late childhood and early adolescence?

- j. What memories do you have of approaching adolescence -- wet dreams - menstruation - awareness of sexual feelings - body development (or lack of it) - feelings?
 - k. What memories do you have of being kissed the first time or touched by a member of the opposite sex?
 - l. What do you recall about your first love? first serious involvement?
 - m. What was your most pleasurable or memorable sexual experience--(maybe alone - relating to your sense of yourself as a man or a woman - maybe with another. . .)--not necessarily a genital experience.
 - n. What have you learned about your sexual development through this exercise? How do you feel about this experience?
3. In small discussion groups -- share what impressed or affected you the most in past influences.

C. Language Desensitization

20 min. 7:45 - 8:05

1. Explain purpose: to clarify what people mean by various terminology: (scientific, childhood, street slang, common discourse, coitus, making it, fucking, making love)

to encourage freedom and openness of expression--sex in mixed groups, increased ease in talking, conspiracy of silence

to clarify misinformation or confusion

2. Different color crayon for men - women

3. Terms:
- | | |
|--------------------|-----------------------|
| penis | homosexual |
| scrotum | lesbian |
| testicles | bi sexual |
| semen | |
| nocturnal emission | sexually stimulated |
| | fore-play |
| | erection |
| vulva | sexual intercourse |
| labia | condom |
| clitoris | climax |
| hymen | orgasm |
| breasts | ejaculate |
| buttock | venereal disease |
| anus | mouth-genital contact |
| menstruation | anolinctus |
| rectum | anolingus |
| | group sex |
| | masturbation |

D. Experience Checklist

15 min. 8:05 - 8:20

- 1. to acquire information about us as a group in terms of our experience; to fit presentations to groups
- 2. anonymous

BREAK: Coffee, etc.

20 min.

8:20-8:40

E. Slides - "Genesis" 10 min. 8:40-8:50

1. Humorously present the taboos we humans impose on sexuality.
2. From a male point of view - but could be from a female just as easily.
3. of course -- it is precise in every theological detail!!

F. Anatomy Quiz 10 min. 8:50-9:00

1. To help us identify our own lack of knowledge or need for information.
2. Won't be collected or graded except by you.

G. Illustrated Anatomy Presentations 30 min. 9:00-9:30

1. These slides and commentary describe physical sexual anatomy of men and women.
2. They are realistic slides - produced by medical and educational groups-, we have been very careful not to include anything pornographic but we should be beyond the birds and bees stage.
3. However, the fact is some of us may have led sheltered lives. You may find the pictures to be embarrassing or distasteful or you may find they really turn you on--either feeling is okay--let it be.
4. It would be helpful to remember or jot down statements you disagree with or have heard or read differently.

H. Discussion Period (same sex groups mixed) 30 min. 9:30-10:00

Starters: In one word what is your feeling about the last 40 minutes?

What statements or slides do you have questions about?

What impressed you most about the anatomy of the opposite sex?
About your own sex anatomy?

What do you think it is important for the opposite sex to know
about your sex anatomy or functioning?

What information or particular topic were you most interested
in?

Were there any surprises for you?

DISCUSSION INSTRUCTIONS

1. Occasionally stop what we are doing and take a look at how our group is listening.
 - a. Are we hearing from all members of the group? If not, why not?
 - b. Are people listening to what other people say or are they talking past each other?
 - c. Are we giving verbal and non-verbal evidence to the speaker that he/she is being heard?

2. Are we respecting each others' views?
 - a. How willing are we, as individuals, to take (and defend) a position that seems to be unpopular with the group?
 - b. Are we "giving in" to avoid conflict?
 - c. Are we listening to other people's views with an open mind?
 - d. Are individuals dominating the discussion? If so, are they aware of it?
 - e. Are people willing to take risks -- e.g. say "dumb" things?

MATERIALS: Session I

atmosphere music in the beginning

music for "Genesis" Scott Joplin

experience checklists

anatomy quiz sheets

colored crayons for lang.sheets -- one color for men; one color for women

masking tape

physiology sheets

slide projector

Genesis slides

anatomy sheets

sign-in sheet

small flashlight

language desensitization sheets

Session II
Human Sexuality Workshop
Topic: Sex Roles and Behavior

I. Objectives

- A. To make obvious and explicit common sex stereotypes and expectations
- B. To have each participant feel what it would feel like to be the opposite sex and in the other sex roles
- C. To have participants share these feelings about sex roles
- D. To have participants become aware of their own style of being assertive, eliciting cooperation, refusing, rejecting, and being rejected
- E. To provide support for both men and women in same sex groups

II. Implement Procedures

- A. Same sex groups -- then fishbowl together on advantages and disadvantages of men and women
- B. Role reversal in party simulation
- C. Fantasy of being opposite sex
- D. Persistence-Resistance Exercise

HUMAN SEXUALITY WORKSHOP

Session II -- Sex Roles

A. Introduction: (20 min. 7:15-7:35)

1. Go around on names and one word feelings to familiarize.
2. Any further questions or comments on last week.
3. Discussion of experience check-list results.
Rational: 1. encourage non-judgemental attitude
2. to fit presentation to needs of group

B. Role Stereotypes and Expectations: (45 min. 7:35-8:20)

1. To tease out some of our stereotypes and expectations
2. Separate sex groups (group consensus) -- each generating list of "Advantages"-"Disadvantages" of being man-woman.
3. Each group sends their list to the other to preview and discuss.
4. Groups come together -- in a fish bowl (first women, then men) two vacant seats -- to discuss lists -- and reactions.

C. Role Behavior Reversal: (20 min. 8:20-8:40)

1. Party in which men and women reverse the usual role they have in terms of initiating contact, response, game playing, refusal and rejection, conversation, etc.
2. Have list of optional roles for men and women, e.g.

shy-passive	aggressive male
lesbian	passive
aggressive female	homosexual
talkative	anti-feminist
active feminist	big jock
easy pushover	superficial playboy
super sex goddess	Big Daddy
mothering female	over protective and possessive

3. Occasionally (three times) have group freeze and assume different roles.
4. Have appropriate music for dorm party (or change environment -- bar, square dance, intermission,)
5. Mention tips on role playing:

Players

- a. Be the person.
- b. respond as spontaneously as you can
- c. "hamming" or horseplay are not useful
- d. focus on the role player and forget the rest of group.

Group

- a. don't distract players by comments, gesture or laughter
- b. identify -- pretend you are one of the players.
- c. Keep in background
- d. resist being critical of acting, think of alternate ways you might respond to the situation.

6. Discussion -- how various roles felt -- comfort-discomfort.

D. Fantasy of Sexual Role Reversal: (15 min. 8:40-8:55)

1. relaxation exercise
2. Imagine you have the body of the opposite sex.
You are a member of the opposite sex.
Feel what it's like to have that kind of hair, that kind of face, those shoulders -- that chest and breasts -- those arms and hands -- that stomach and hips -- those buttocks and thighs -- those legs and feet -- of a man or woman.
Visualize how you be dressed -- and how that would feel
Imagine you are in a quiet park -- no one else is around -- then you notice someone coming toward you. It is someone you like -- someone you are attracted to.
As this person approaches, you exchange greetings -- be aware of how your voice sounds as a member of the opposite sex -- what do you say to that person to express your gladness to see him/her.
You spend some time talking together -- feeling closer to each other.
You both gradually become more intimate with each other -- what do you do or say to express that intimacy. What does he/she do to you -- what is said -- how are you touched -- how does it feel? You are both becoming sexually aroused -- how does that feel in your new body --
You begin to take off each other's clothes -- your touching becomes more intimate -- you are beginning to have intercourse -- how does it feel in your new body? Where do you touch each other -- how does it feel -- your climax comes -- so does your partners -- what are you aware of as it occurs -- how do you feel as you lay in each other's arms -- what do you say to each other?
Eventually you begin to get up and put on your clothes -- how do you do it with your new body -- you both realize you have to leave now -- what do you say -- how do you feel?

Coffee Break: (15 min. 8:55-9:10)

E. Persistence -- Resistance: (15 min. 9:10-9:25)

1. To help people become aware of their own style of approach, contact and communication.
2. Each person is given the task of making a request of another person (form dyads.)
 - a. first time -- doing it "naturally" -- the way you would ordinarily, each partner.
 - b. Second time -- in a way that is different for you --
if assertive/now passive
if verbal/now non-verbal
if non-rejecting/now rejecting
 - c. Be aware of how you feel -- give feedback on how you perceive the style of the other person.

Materials -- Session II

Media:

party music for sex roles
introduction music for climate . . . classical

Misc.

experience check list results
marking pens
newsheets for for stereotypes (4)

Handouts:

Myth of Male Orgasm

Session III
Human Sexuality Workshop
Topic: Health Issues

I. Objectives

- A. To become aware of the significance of conception, pregnancy and birth
- B. To inform participants of various methods of birth control
- C. To provide discussion of abortion, pro and con
- D. To inform participants of the causes, prevention, treatment and consequences of venereal disease
- E. To inform participants of the medical facts, historical taboos and consequences of masturbation

II. Implement Procedures

- A. Film and commentary on conception, pregnancy and birth
- B. Film, lecturette and contraceptive exhibits regarding birth control
- C. Brief discussion on abortion
- D. Slides and commentary on venereal disease
- E. Slides and discussion on masturbation

HUMAN SEXUALITY WORKSHOP

SESSION III

Taking Care of Ourselves (Health Issues)

A. Introduction (15 min. 7-7:15)

1. Names: review
2. Any further comments or questions on last week -- Sex roles & behavior
3. Overview of this session: taking care of ourselves as responsible sexual human beings
 - a. conception -- birth -- contraception -- abortion
 - b. venereal disease
 - c. masturbation
4. Some of this material may be familiar to you, but it may not be familiar to the opposite sex or others of your sex and sharing this information may be useful.
5. Again, some of these presentations are graphic and realistic. There will be time to rap about reactions to them.

B. Masturbation (40 min. 7:15-7:55)

1. The purpose of this section is to help people look at masturbation realistically and rationally with medical facts rather than historical taboos.
2. Myths: a series of short quotes and readings of historical myths is presented.
3. Fantasy:
 - #1. relaxation procedure; then short memory recall about masturbation messages: what did you parents tell you about touching yourself -- your genitals -- encourage? discourage? What did teachers or people in the church tell you? Which of your friends did you first talk about it with? When was the first time you masturbated? How did you feel about it? Since then what have your feelings been? guilt -- fear -- shame -- embarrassment -- none of the above.
 - #2. You are now in your room alone. You are tense and sexually frustrated. You decide you will masturbate -- why not. You partially undress -- and are stimulating yourself -- when suddenly the door opens and someone comes in. What do you do -- say -- and how do you feel?

A week later -- again you are in your room -- this time with a friend. You are both physically attracted to each other -- you begin to undress and become very intimate with each other -- both becoming very aroused. When suddenly the door opens and someone walks into the room. What do you do -- say? and how do you feel?

Do you feel differently about these two interruptions? How?

4. Slide Presentation (mal?)

- #1. (cartoon) Masturbation from a medical and psychological point of view is a normal healthy act for boys and men, young and old. 95% of men, 70% of women practice it at one time or another.
- #2. Kinsey found that people who had masturbated most frequently in adolescence were the ones who made the best sexual adjustments in marriage. More recently, Masters and Johnson have included masturbation and mutual masturbation in their therapy with sexually inadequate couples.
- #3. The technique of masturbation most used by men is to grip the penis and move the hand back and forth at the desired pressure and tempo along the length of the penile shaft.
- #4. The degree of pressure, speed of stroking and use or non use of lubrication naturally vary from man to man.
- #5. Experimenting with various ways of masturbating helps one to understand how his body works, what feels good what doesn't. It does not make you bald, grow hair on your hands or drive you crazy.
- #6. Cartoon (two young boys)
- #7. Learning the various ways you become stimulated is important
- #8. whether with vibrators, or fantasies or various ways of touching.
- #9. A hard penis is rather durable -- and not easily broken although it is quite sensitive, particularly around the glans and capable of providing intense pleasure.
- #10. Cartoon (family)
- #11. Masturbation may be used to develop muscle control, and ways of delaying or prolonging climax -- through breathing, relaxation, thought focus etc.
- #12. Orgasm can come quickly for men -- and release from tension -- but almost more important is allowing oneself to experience the sensuality and tenderness that goes before and during.
- #13. And even afterwards -- staying with those feelings of gentleness and caring for oneself. It may give one another reason for living.
- #14. Cartoon (porno - bed)
- #15. Nocturnal emission or "wet dreams" are fairly common experiences for growing males. These erotic dreams result in orgasm for males.
- #16. The fantasy life of men and women may differ. There is a current controversy about whether women are as stimulated by pornography and erotic daydreams as men and whether men and women have different kinds of fantasies. You may have some opinion about that yourself.

5. Slide Presentation (female)

Of all sexual practices, masturbation is probably the most difficult to talk about. It is an intimate and very personal experience which we have been taught is dirty, sinful, shameful, even physically debilitating. The guilt, fear, anxiety, and repulsion that surrounds masturbation is astounding, especially when one realizes not only how common it is among human beings, but how beneficial, pleasureable, and relaxing an experience it can be.

#1. Cartoon

#2. The reason self stimulation works so well to produce orgasm is that you are the only one involved.

#3.

#4.

#5. There is no one else to distract you or for you to worry about pleasuring.

#6.

#7. You can focus totally on yourself, take as much time as you need and you don't need a partner who is willing to cooperate.

#8.

#9. You are the one in control which has benefits

#10. First of all, once you are free of being observed you can focus all your attention on the ...

#11. different kinds of touches, pressures and positions.

#12. Masturbation may be defined as deliberate self-stimulation which effects sexual arousal. The stimulation can be direct manual manipulation of the genitals or other parts of the body

#13. It can entail the use of objects other than the hand.

#14. The instant feedback of self-stimulation allows you to change things to meet your needs.

#15.

#16. The successful experience of having orgasms with masturbation helps to build up positive expectations of having more orgasms by yourself, and eventually with a partner.

#17. Contrary to popular belief, women do not get "hooked" on masturbation. The more orgasms you have by any method -- self stimulation included -- the more sexually responsive you are likely to become.

Masturbation is one of the best ways to learn about your sexual responses. Once you learn about how you respond, through stimulating yourself while free of outside distractions you will be in a better position during love-making to achieve more pleasure and to teach your partner how to stimulate you in the manner that gives you sexual pleasure.

C. Menstruation -- Conception (15 min. 7:55-8:10)

1. A short slide presentation illustrating the process of menstruation and conception.

#1. Ovulation: The box (upper left) shows several ovarian follicles, each containing an egg, pushing toward the surface of the ovary. One follicle develops and ruptures (upper right) releasing an egg near the open end of the fallopian tube. The ruptured follicle develops into the corpus luteum.

This area shows the growth cycle of the endometrium (lining of the uterus) at day 1 through 5, which is menstrual bleeding; day 6 through 14 which is the proliferatory phase, the new growth of the endometrium and its blood vessels; day 15 through 28, which is the time the lining is prepared to accept a fertilized egg. If fertilization does not occur, the lining breaks down and menstrual bleeding occurs beginning the cycle again.

These two lines show the amount of Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) in the blood at different stages of the menstrual cycle.

These two lines at the bottom of the slide show the amount of estrogen and progesterone in the blood at different stages of the menstrual cycle.

#2. This slide is a drawing of a cross section of the uterus lining and the Fallopian tube showing in detail quality of the lining and the movement of the fertilized egg as it moves down to the uterus where it will embed itself in the lining and there divide into the fetus and placenta.

#3. This shows a more realistic cross section of the same process, with the dividing process being illustrated in these drawings.

D. Contraception (35 min. 8:10-8:45)

1. The film "Hope is Not a Method" is shown along with illustrative slides to give an informative presentation on the various means of contraception (function, effectiveness, availability)

Withdrawal	4 in	2 slides
Rhythm		
Foam	7 in	5 slides
Condom	9 in	2 slides
Diaphragm	10 in	3 slides
Pill	12 in	
IUD	14 in	4 slides
Vasectomy	15 in	1 slide
Conclusion		1 cartoon

2. An exhibit of various contraceptive devices is passed around
3. Discussions on the responsibilities of birth control take place in the large group

COFFEE BREAK. (15 min. 8:45-9:00)

E. Abortion (15 min. 9:00-9:15)

1. A short slide presentation and discussion on the process of abortion is given -- on the effectiveness, appropriateness, legality, and morality of abortion. Effort is made to give both pro and con of the current controversy.

Talk given with use of chart:

If a woman does become pregnant through contraceptive failure there are only three alternatives, 1) have and keep the baby, 2) have the baby and put it up for adoption, and 3) have an abortion. Abortion has been a topic of great controversy in this country for a long time. The "Right to Life" group is one of the main opponents to abortion. We have on the back table some literature from that group if you wish to browse through it. What I'd like to do is to explain what an abortion is. If you'd like to discuss the pro's and con's maybe we can do that later.

A. Length of pregnancy determined from 1st day of last menstrual period.

B. Up to 12 weeks of pregnancy

1. D & C or dilation and curettage

With this method the doctor dilates the cervix with long round dilators increasing the size of the dilator until the cervix is large enough to insert curette. This is a long narrow instrument that is inserted inside the uterus and scrapes the uterine walls.

2. Aspiration or Suction Curettage

With this method the doctor uses a vacuum apparatus which sucks out the uterine contents.

Both of these methods can be done in a doctors office using a local anesthetic and only take 10 to 15 minutes to perform. These are by far the easiest methods. Cost varies from \$123. to 325.

C. 12 to 16 weeks pregnancy (these weeks vary somewhat depending on the doctor)

There is no acceptable method of abortion at this time for three reasons:

1. At this time the uterine walls are quite stretched and the danger of perforating the uterine walls is great.
2. The blood flow in the placenta is great and the risk of hemorrhage is higher
3. The amniotic fluid has not built up enough to do a saline abortion.

D. 16 to 20 weeks

1. Saline Injection (salting out)

With this method the doctor inserts a needle into the amnionic sac and draws out about 1/2 cup of fluid and replaces this fluid with a salt solution. This kills the placenta cutting off the oxygen supply to the fetus. Labor contractions begin anywhere from 5 to 50 hours later (the average is 28 hours) and these contractions push the fetus and placenta through the cervix and vagina.

2. Hysterotomy

This is a mini cesarean section where the uterine contents are removed by major abdominal surgery. This would rarely be a method used unless for some medical reason a saline was unsafe.

Both of these methods require hospitalization. An abortion over 20 weeks is now illegal. The cost varies from \$300. and up and that is not including hospital charges.

Slide 1. This slide shows the curettment of the uterus. This procedure is used whenever the doctor feels it necessary to scrape the uterine walls and isn't used only in abortions.

Slide 2. When we speak of abortion we usually think of the deliberate termination of a pregnancy, but a miscarriage or spontaneous abortion is also the termination of a pregnancy. This slide shows various stages in a spontaneous abortion: threatened, inevitable and incomplete.

Questions and discussion

F. Venereal Disease (infection) (20 min. 9:15-9:35)

1. Through slides and commentary, the medical facts about venereal infection is presented.

Many human relationships in our society are based on exploitation. Therefore it is not surprising to find that many people who have venereal infections fail to inform their lovers of their common infection. Most of the diseases we will talk about produce early and obvious symptoms in men, while in women they may continue unnoticed for long periods of time. This means that unless an infected man informs a woman of her infection she may unknowingly pass it on to other lovers as well as suffer the complications of untreated infection herself. And so the disease spreads. This is especially true on a college campus where there may be a fair amount of sexual activity with various partners.

a. Gonorrhea

One of the common types of venereal infection is called gonorrhea -- as you know. It is caused by gonococcus bacteria which can be transferred from one person to another only through close physical contact such as vaginal, anal or oral genital sexual intercourse. The gonococcus grows well only in mucous membranes such as mouth and throat, vagina, cervix, urethra, and anal canal. Outside the human body the gonococcus

dies within a few seconds.

Since the early 1960's the incidence of gonorrhea has heavily increased. Partly due to the spread from Vietnam and Korea. Partly due to more sexual activity by young people. At any rate, the bacteria is growing stronger and more resistant to antibiotics -- presently recommended dosage of penicillin is eight times greater than it was before 1960.

From a single sexual exposure to an infected partner, a man has a 20-50% chance of catching gonorrhea -- a woman has higher than 50% probability.

Once gonorrhea bacteria enter the penis, they invade the cells of the urethra. Most men first notice symptoms 3 to 5 days after infection. At first a thin clear mucous discharge seeps out of the meatus. Within a day or two the discharge becomes heavy, thick, and creamy -- may be white, yellow or yellow-green. Most men feel pain and a burning sensation during urination. (gonorrhea of the anus and rectum can develop gonococcal proctitis in homosexual men with an infected partner -- although there are usually few symptoms.) If the infection is left untreated for 2-3 weeks, it spreads up the urethra into the prostate and eventually down to the testicles.

In women, the symptoms of gonorrhea are usually hidden -- but when it is manifested there is a vaginal discharge 2-7 days after contact. There is a frequent need to urinate and along with it pain and scalding sensation. Although the cervix is the main sight of the infection, the urethra and its opening the meatus are usually affected as well. If left untreated the bacteria infect the Bartholin's glands, anus and rectum, and up into the fallopian tubes. It may result in menstrual irregularity and sterility. Diagnosis can be made from a lab test of the discharge.

The treatment is simple for gonorrhea. Two intramuscular injections of penicillin is sufficient for both men and women. Ampicillin -- taken orally -- may be prescribed. (Tetracycline may be substituted for penicillin allergic people).

b. Syphilis

Syphilis is a somewhat more serious venereal infection. It is caused by a cork screwed organism called *treponema pallidum*. It is transmitted through vaginal, anal or oral genital sexual intercourse.

The early primary symptom is a small sore or lesion or chancre in the anal-genital area 10-14 days after infection. In women the chancre may be on the cervix or walls of the vagina and therefore not visible. Without treatment the sores disappear in 4-10 weeks and the internal infection continues. About 6 weeks later the secondary symptoms appear -- body rash, headaches, fever, sore throat etc. and last for several weeks to months. Two years after infection all symptoms disappear but latent syphilis may affect the nervous system, cardiovascular system, cerebrospinal system, may cause ulcers, psychotic illnesses.

This infection is particularly insidious since it has latent periods when one thinks it might have healed by itself; and also because women can have and transmit the infection without knowing it. Also the consequences are quite serious. It is easily transmitted to the unborn child and is often fatal to it.

Diagnosis of syphilis requires blood tests which show bacterial antibodies. The usual treatment is an intra-muscular injection of penicillin (usually 2). Tetracycline is used for penicillin allergic people.

It is obviously very important to:

1. Inform your sexual partners of any infections you may have.
2. Get treatment as soon as possible. (doctors and health care personnel are trained not to pass moral judgment but to cure disease.)

d. Non-Specific & other infections in Man

Non-gonococcal urethritis -- also called non-specific -- is any inflammation of the urethra that is not gonorrhea or syphilis. This is caused by various bacteria imbalances brought on by certain soaps, deodorants, vaginal secretions, fatigue, irritation, along with intercourse.

Symptoms are a thin clear or somewhat white discharge. Some pain while urinating. Shows up 3-5 days after infection. It is diagnosed by a lab test on sample discharge. Treatment can be oral (tetracycline hydrochloride) taken for 2 weeks.

d. Other infections in women

Vaginitis, or inflammation of the vagina, is very common in women. The common kinds all have similar symptoms -- vaginal discharge and itching.

1. Trichomonas, also called trichomonad, is a microscopic, pear-shaped, single cell organism, slightly larger than a white blood cell. The trichomonad can live for several hours on moist objects and can be contacted from toilet seats, towels and washcloths that have been used by infected women. Transmission is usually during sexual intercourse. The trichomonad can live under the foreskin of the male without causing any symptoms. The symptoms in women is a frothy white or yellow discharge that causes itching. Flagyl is the drug that is most commonly prescribed and is used to treat the male if he is a carrier.
2. Candida Albican is a common microscopic yeast like fungus. There are a number of things that can cause a woman to be more susceptible: pregnancy, diabetes, birth control pills, antibiotic treatment or anything that lowers the resistance. Symptoms are intense vaginal and vulvar itching and a discharge of a thick, curdy substance. It can be cured by vaginal tablet antibiotics.

3. Non-specific vaginitis simply means that the vaginal tissues are inflamed but no particular reason can be found.

G. Pelvic Exam (10 min. 9:35-9:45)

After puberty a woman should have a gynecological exam at least once a year. The first visit includes a complete medical history as well as a description of current menstrual cycles. After these preliminaries the next step is a pelvic exam and a breast exam. The breast exam is made while sitting up and also lying down. The doctor will show you how to examine yourself every month for lumps or any changes in the breast tissue. For the pelvic exam, you will lie down on your back and place your feet in metal stirrup like things on the end of the table. To inspect the vagina and cervix the doctor holds the vaginal walls apart with a speculum. Hopefully the metal or plastic round bladed instrument will be warmed and lubricated before it is inserted into the vagina. The blades are opened and . . .

Slide 1. This first slide shows a close up of a plastic speculum inserted into the vagina and shows the mouth of the uterus, if you know what to look for.

Slide 2. This slide shows how the speculum reaches inside, spreads the walls of the vagina to allow the mouth or cervix of the uterus to be seen. With the speculum in place as seen here, the doctor reaches in with a sterile swab and gently takes a smear from the cervix. This is called a Pap test. This test should be done twice a year as a means of detecting cancer in its early stages.

Slide 3. By inserting two fingers through the barrel of the vagina and pressing gently on the abdomen with the other hand, the size, shape and mobility of the uterus can be determined.

Slide 4. Pass around speculum

H. Birth Movie (17 min. 9:45-10:02)

This is an intense and engrossing record of a home birth. In a short space of time, a sense of the whole birth process, waiting, straining, breathing, involves you. The guitar music is by the father. The film is exceptional in the quality of the filmmaking, the closeups of the actual birth, and the inclusion of the total birth process. You should remember that these are not sterile conditions and most USA births are accomplished under less romantic conditions.

I. Discussion

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MATERIALS: SESSION III

Media:

Birth Film
Contraception film "Hope is Not a Method"
Masturbation slides
Abortion slides
Menstruation slides
Contraception slides
Pelvic exam slides

Other:

Masturbation taboo readings
Contraceptive devices
Pelvic exam devices
Projector -- 16 mm
Projector -- slide
Facts O' Life Funnies

Handouts:

Birth control pamphlet
V.D. pamphlet
Love Yourself Exercises (Male and Female)

Session IV
Human Sexuality Workshop
Topic: Human Sexual Response

I. Objectives

- A. To increase awareness of sensual non-sexual feelings
- B. To inform participants on the physical and psychological aspects of intercourse
- C. To demythologize expectations and fantasies about first sexual experiences
- D. To help participants feel comfortable with discussing homosexuality in a non-judgmental way
- E. To help participants not be ashamed of homosexual feelings or activity
- F. To inform participants of possible sexual dysfunctions and treatments

II. Implement Procedures

- A. Sensuality exercise -- massaging hands/feet
- B. Slides and commentary on sexual response cycle
- C. Tapes describing first sexual experiences
- D. Film and slide presentation and discussion on homosexuality
- E. Lecturette on sexual dysfunctions

HUMAN SEXUALITY WORKSHOP

Session IV: Human Sexual Response

Opening (Toad Movie) 5 min. 7:00-7:05

A. Introduction: (Sex in Art Slides with music) (15 min. 7:05-7:20)

1. Names--Review: One word feelings about last week.
2. Questions and comments about last week: health issues.
3. Overview of tonight's agenda:
 - a. Sensuality--First sex experiences
 - b. Sexual Response--Heterosexuality and homosexuality.

B. Sensuality Exercise: (music) (20 min. 7:20-7:40)

1. to provide feeling data for discussion of
 - a. how people react to sensual experiences
 - b. the similarities and differences between sensual and sexual feelings.
2. Introduction: We are now going to do an exercise to help us distinguish sexuality from sensuality. Sometimes these feelings are separate--sometimes together. If we identify sensuality and sexuality always--then many relationships will be over threatening or we will misinterpret them--or other people will misinterpret our intentions--or we will not be able to be sensual without moving into sexuality.
 - a. First of all, you need to find a partner and to do this, please get up and walk around the room for a couple of minutes--decide who you want for your partner. When you've found somebody compatible or agreeable, sit down with them. We're going to do a hand massage and we have some oil for this. Decide who's going to receive the massage first--then the other partner get some oil. The one receiving the massage should close his/her eyes and focus on their breathing. This should be done without talking.
 - b. As you massage your partner's hand here are some suggestions:
 - (1) go very slowly
 - (2) vary the pressure and movement
 - (3) be as sensual as you can
 - (4) do it non-verbally--without talking. (if you're really uptight about it, you can talk).
 - (5) if you're on the receiving end--close your eyes--just be aware of your feelings.
 - c. Change roles after 3-5 minutes of massaging.
 - d. In discussion afterwards (groups of 4: 2 pairs) you might want to share what fantasies came into your head, what feelings you had. (threatening, boring, enjoyable, etc.), liked receiving or giving, last time someone did that to you, different with a different partner.

C. First Sexual Experience Tapes (30 minutes 7:40-8:10)

Purpose of this presentation is to de-mythologize expectations or fantasies about one's first sexual experience. It shows the variety of experiences and feelings people have and allows participants to feel their own reactions may be normal.

1. Introduction of First Heterosexual Experience Tapes: I wonder what expectations you may have had in regard to your first sexual experience. Was it as good or as bad or as mediocre as you imagined it would be? Last year we taped, at random, some actual first experiences of students here

on this campus. Listening to these six different taped experiences may stimulate some memory of your own past first sexual experience; or, they may help you to fantasize about expectations you may have about what your first experience will be like. I would like to ask you to think about what feelings and hopes you do have as you look forward to your first sexual experience, or to your second or third new experience. There will be time for group discussion at the end. There are three men and three women talking on this tape. The sound is not perfect and if you cannot hear well, let me know and I'll turn up the volume.

2. Discussion: (Separate sex groups if time)
 - a. why are first sex experiences usually not ideal?
 - b. Do people submit to social pressure to loose virginity?
 - c. How would you want your son/daughter's first sexual experience to be?
 - d. Do men and women have different first sexual experiences?
 - e. Some people seem to prefer an uncaring relationship in which to risk virginity--why?
- D. Sexual Response Presentation: (30 min. 8:10-8:40)
 1. Series of slides and lecture describing the process and phases of sexual intercourse in a heterosexual relationship--young couples and older couples. Physiological and psychological aspects of intercourse are considered in a somewhat clinical fashion.
 2. Discussion in small groups: reactions and feelings--e.g. to older couples (parents)--ways of communicating you see important in sex--emotional v. clinical aspects of sex.
- E. Break (10 min. 8:40-8:50)
- F. Homosexuality (Bi-Sexuality) (70 min. 8:50-10:00)
 1. Homosexuality is presented in a non-judgemental context--includes overt behavior and covert feelings and the implications and pressures in society.
 2. So far in our session on Human Sexuality Responses we've dealt primarily with heterosexuality. Now we're going to take a look at homosexuality. To start off, we're going to do a couple of role plays. We don't have any Oscars for the best performance so don't worry about your acting ability.

For the first role we will need 7 men--6 will be suite mates and one will be a visiting friend. I'd like you to read your role and take a few minutes to get into the character. Then begin. (After a few minutes "freeze"--try to get into what the character you are playing really feels. Continue the role but sharing the feelings behind the actions.)

Discussion.

The second role play is a family scene. And we will need 3 men and 5 women. Take a few minutes to read and get into your role then begin. (After a minute "freeze"--try to get into what the character you are playing really feels. Continue the role but sharing the feelings behind the actions.)

Discussion

3. Gay people speak out: several guests (gay) join the discussion--sharing their feelings about being gay--how they evolved or found their identity--pressures they feel.

4. Films (Ask gays not to "prejudice films"--to give participants freedom of reaction): Possibly one male-one female ("Holding"--"Stamen"--"Vir Amat". . .) Explain: films may seem to portray more physical aspects of relationship--have to look between the frames for the emotional and warm side of relationship.
5. Discussion: general large group--feelings--reactions--threatening aspects--various gay styles--one encounter v. identifying as gay.

Session IV -- Materials

Media:

Art in sex slidea
Music
1st sex experiences tape
2 slide projectors
tape recorder
16 mm projector
Human Sex Repsonse Slides
Older Couple Slides
"Toad"
Homosexual films: Holding, Stamen-Vir, Amat

Misc.: Oil for Massage
Flashlights

Hand-outs:

Human Response Cycle
Kagel Exercise Sheet
Radical Sex Manual

Session V
Human Sexuality Workshop
Topic: Wrap-up and Feedback

I. Objectives

- A. To acquire evaluation data
- B. To help participants be aware of their attitudes and degree or lack of sexual knowledge
- C. To receive feedback and evaluations about workshop and leaders from participants
- D. To provide time for participants to continue discussions of sexual topics, relationships, or behavior
- E. To create informal relaxed atmosphere for discussion

II. Implement Procedures

- A. Taking post test
- B. Participants score pre- and post tests
- C. Administer feedback questionnaire
- D. Open and/or structured discussions
- E. Wine and cheese refreshments